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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
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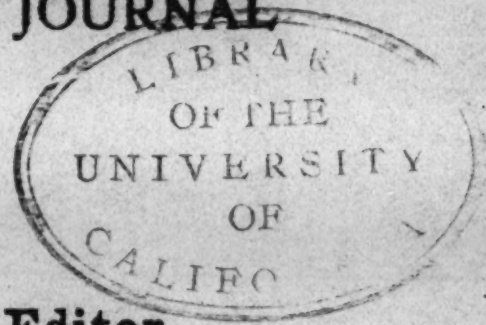
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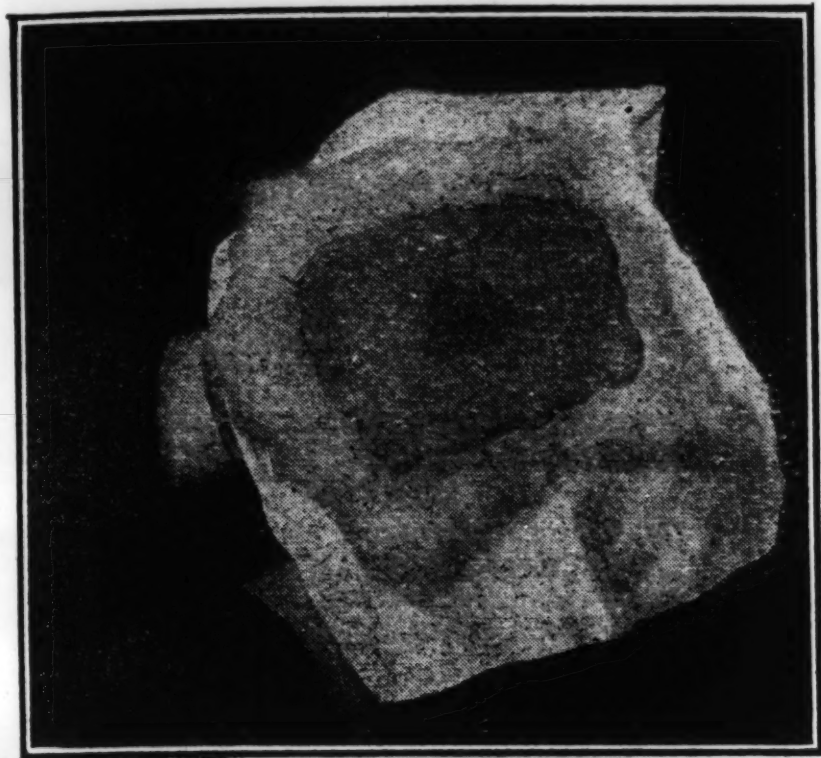
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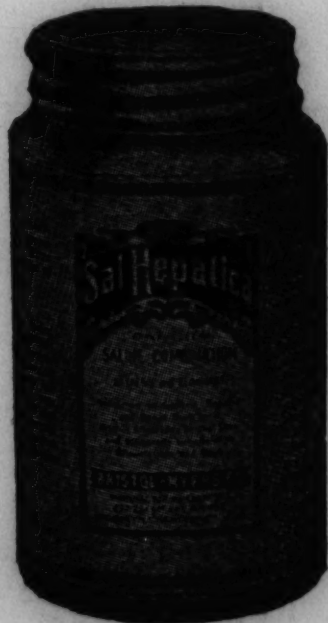
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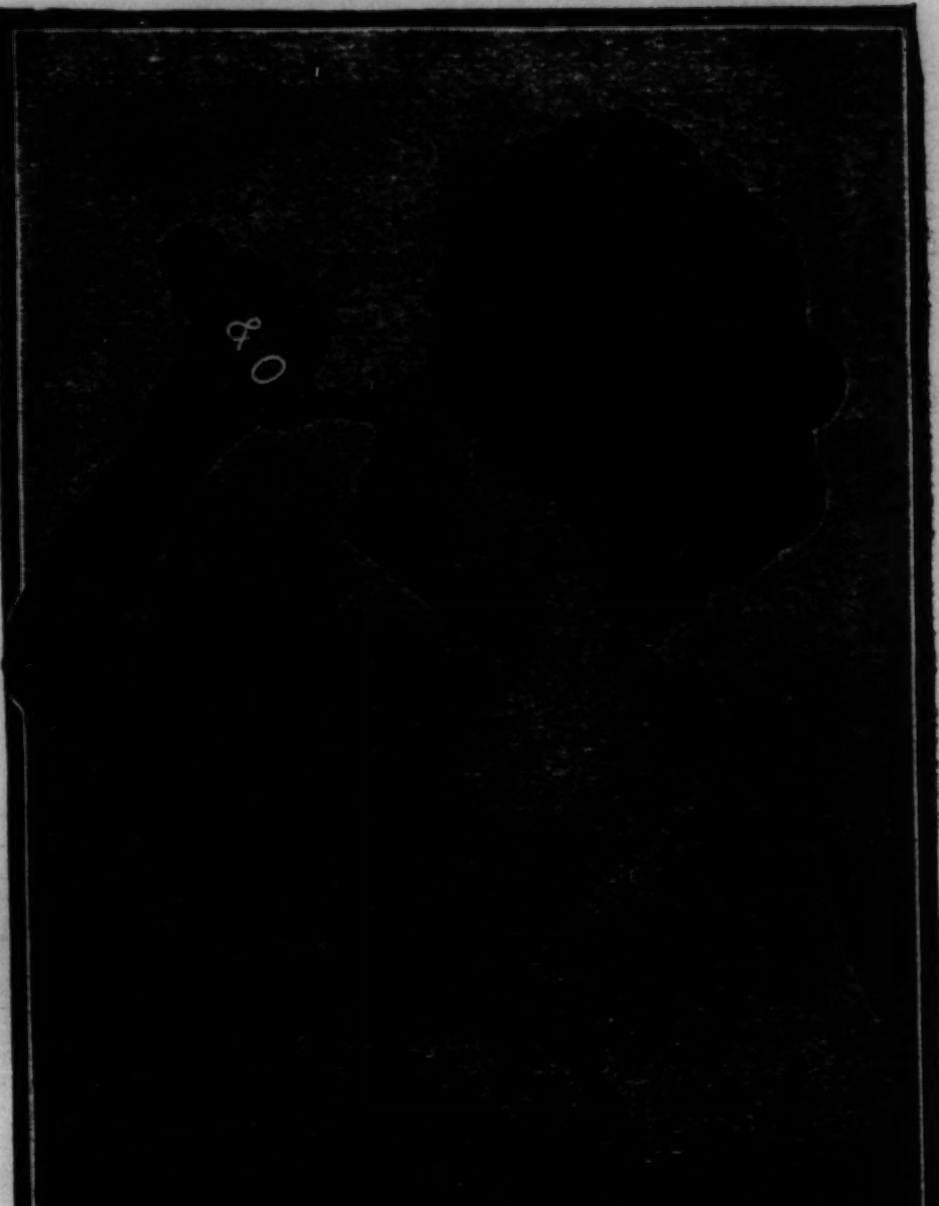
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The California Eclectic Medical Journal

Vol. ~~XXXVH~~ ~~X~~ ~~X~~

MAY, 1916

No. 5

Original Contributions

CANNABIS INDICA

Herbert T. Cox, M. D., Los Angeles, Cal.

(Read before the Los Angeles Eclectic Medical Society.)

Cannabis Indica or Indian Cannabis is perhaps one of the oldest known drugs in the vegetable materia medica. The beginning of its use is lost in antiquity, and its physiological properties were quite well known in the Oriental countries before there was any written history to accurately record the facts. In those periods covered by the oldest histories of Asia Minor and East Indies it was used as a narcotic. Imported into Europe in the Seventeenth Century it fell into disrepute until Napoleon's expedition to Egypt, 1809-10, when its use was again revived and after experiments in 1838 by O'Shaughnessy in Calcutta, it received its place in most pharmacopeias and materia medicas.

Properties attributed to it by various authorities are as follows: Hypnotic, antispasmodic, narcotic, analgesic, sedative, aphrodisiac; and cerebral excitant (physiological action.) It is classed with such drugs as belladonna, atropine, hyoscyamus and stramonium.

The chief constituents are (1) cannabinon, a soft resin (2) chlorine which is contained in (3) tetano-cannabine and with alkalies give (4) cannabinine, (5) cannabin, a brown, amorphous resin which is very active, and is perhaps the main active principle.

Physiological Action: Externally and locally the action is nil.

Internally-Digestive System: Sedative to stomach, sometimes it promotes the appetite and digestion. Its use causes no gastro-intestinal disturbance or constipation.

Nervous System: Principal influence is on the cerebrum, being perhaps the most powerful stimulant of the psychic functions known. It was largely employed in the Orient for this purpose, but moderate use does not appear to be attended

by any injurious effects. Taken to excess it produces tremor, loss of appetite and strength, and sometimes gives rise to mania or dementia. In the influence of *cannabis indica* upon the nervous system the patient shows exuberant spirits, brilliant conversations with little continuity of thought. He passes into semi-consciousness; general sensibility is diminished and this effect may deepen into complete anæsthesia.

It may result in tranquil sleep from which he awakens without any feeling of depression, but refreshed and with an acute sense of hunger. In the Caucasian race the primary stage of exaltation or intoxication may be quite short and is sometimes entirely absent, deep sleep coming on after a feeling of heaviness and drowsiness.

Peripheral nerves of touch and pain are dulled, medullary centers of respiration and circulation but little affected, although the heart may be slightly quickened and respiration slightly slowed. From poisonous doses there is delirious intoxication.

Therapeutic doses, produce a mild general depression of intellectual and sensory centers of the cerebrum and quieting of nervous excitability. Like opium it may produce sleep in the presence of pain. Gastro-intestinal tract—a single dose does not produce constipation, but after long continued administration there is a tendency to constipation but not to the same extent that opium causes disturbance of nutrition, and constipation. Dryness of the mouth, thirst, nausea and vomiting are untoward effects occasionally seen from large doses.

Absorption and elimination: Slowly eliminated, effects sometimes persisting for 24 hours or more. It has no depressing action on the temperature. It dilates the pupil in contradistinction to opium and produces exaggerated vision.

Uterus: Uterine stimulant, increases energy of uterus but not to inaugurate uterine contractions.

Therapy: As a general hypnotic it is somewhat unreliable, often producing excitement without sleep, so that it acts best given in conjunction with other hypnotics as chloral or the bromides. It may be used where opium is contra-indicated and as a substitute for it in some mental diseases, such as melancholia and mania. It is a sovereign remedy in headache attending menopause, having the reputation of curing many cases. It is also a good remedy in some nervous diseases with palpitation of the heart and has some anti-spasmodic action in hysterical convulsions.

It is a good analgesic in migraine and neuralgias; combined with *gelsemium* it has long been useful in aborting distressing attacks of migraine. On account of its peripheral

action it has a good place in senile pruritus and neuralgias. It is a valuable adjuvant to cough mixtures to relieve tickling or irritation of the throat or the excessive cough of bronchitis or phthisis. It is an ingredient of many ready prepared cough sedatives. One of its broadest fields is that of genito-urinary diseases. Here it is useful in the painful stages of gonorrhoea, also in stranguary and chordee. It is a good anodyne to use in cystitis and irritable bladder. It is these conditions that we generally have in mind when we think of cannabis and are apt to forget its other uses. It is also very useful in diarrheas and other painful conditions of the bowels and stomach.

Cannabis has a rather limited use, yet many a condition might be alleviated with its aid instead of the more depressing drugs. It must not be forgotten though that it has sometimes a tendency to produce a habit. Butler in his materia medica when closing his discussion has this to say regarding the preparations of the drug. "It is advisable to prescribe invariably the preparations of that particular manufacture which experience has shown to produce samples of uniform strength." Another objection is that the fluid preparations do not mix well with many vehicles and that they are decidedly gummy or resinous, and have a great tendency also to crawl out of the bottle over the cork outside of the bottle and elsewhere. When some pharmacist discovers an active principle or preparation that may be given hypodermatically or more easily and agreeably dispensed then perhaps we will use it to better advantage.

TYPHOID FEVER

By Dr. M. E. Eastman, Weaverville, Cal.

Typhoid Fever is a specific, infectious disease, characterized by the presence in the intestinal tract, mesenteric glands and spleen of the bacillus of Eberth.

The course of the disease under the ordinary system of treatment has been from four to twelve weeks; frequent relapses, and many complications and sequela. In fact, the laity has been educated to believe by these long drawn out lines of treatment, that a case of typhoid fever cannot be terminated in less time than from four weeks to three months. And when a physician has a typhoid fever patient up and around in any less time, they invariably say that he was mistaken in his diagnosis.

Etiology: The cause of this disease is so well known that

no controversy exists; every physician recognizes that in every case an infection has taken place on account of the presence of the Eberth bacillus. However, there are many predisposing factors which enter in that tend to make cases very serious, and a consideration of their influences and consequences are needful in order that a rational and effective line of treatment be adopted.

The disease is not limited to any one zone nor by the seasons of the year. While it is more prevalent in the temperate zone than others, yet the physicians of the Tropic and Arctic zones have it to contend with. Its frequency in the fall months of the year have caused it to be termed the "autumnal fever," yet it is encountered during the spring, summer and winter months as well.

Lowered vitality of the individual is one of the greatest, and I might say one of the most common, of the predisposing factors of the disease. The causes for this condition are so many and varied that it would be superfluous to endeavor to enumerate them in this article as every practicing physician is perfectly familiar with the digression and indiscretion of the average individual from the pathway of health.

However, it may be well to note that whenever there is a catarrhal state of the intestinal tract, the likelihood of becoming infected by the bacillus is greater than when such a condition does not exist.

The bacillus is conveyed into the system in nearly every instance through the medium of water or milk. There are instances of record where persons have become infected by wearing the clothing of those who had previously been ill with the disease. However, such a way of infection is very unlikely during this day and age, owing to the widespread education on hygiene, and the benefits accruing from sterilization of the clothing and bedding and the room of a person who has had an infectious disease before being occupied by another.

The bacillus may be found in the blood, urine, stools, liver, spleen, and the intestinal tract, and the mesenteric glands. Reports have been made of their being found in the meninges of the brain and spinal cord, in the heart muscle, the lungs and the testicles.

Symptoms: The period of incubation is indefinite, though the consensus of opinion amongst medical men is that of two weeks. However, there is no doubt that in many instances the time is much shorter than two weeks, while in other cases it appears to have been longer.

The more common symptoms observed are an increased sense of weakness and fatigue; disturbed sleep, failure of appe-

tite, a tendency to looseness of the bowels, nausea, coated tongue, headache, and a slight rise in temperature.

The temperature gradually rises from day to day until it reaches a height of 103 to 104 degrees, with a slight decrease in the morning but with increased severity in the evening.

In about two weeks after the period of incubation a rose colored eruption appears, usually on the upper part of the abdomen. The lassitude increases and the patient lies most of the time with the eyes closed as in sleep. Delirium may occur coming on at night. The pulse rate is increased but not in proportion to the increase in temperature rise. The abdomen may be moderately distended and tympanitic. Constipation may be present but there is generally a looseness of the bowels with rice colored excreta.

During the second week of the disease the symptoms are all aggravated and increased in severity. The tongue will lose some of its coat, especially at the tip and on the edges, but the center will be coated brown, become dry and very much swollen. The spleen will be found enlarged and easily palpated. Widal's test will demonstrate the presence of the bacilli during the second week more easily than at any other time in the course of the disease.

Prognosis: This will depend upon the severity of the infection. The vitality of the patient and the line of treatment instituted. Except in unusually severe cases the prognosis is favorable. To secure the best of results the physician must have an attendant in care of the patient who will follow directions implicitly and not be influenced by the whims and vagaries of relatives and friends.

Treatment: It is presumed that every practicing physician is familiar with the treatment outlined in the text books, and also that he has learned to pin his faith to certain remedies which give him better results than others in the treatment of this affection. For this reason I will simply outline the treatment, which in my practice, has given universal success during many years of medical work. I do not wish to convey the idea that any one set line of medication will meet every indication in every case of typhoid fever, but in every case of this nature there are certain fundamental principles of treatment which should be employed. The symptomatic conditions of each case are to be combatted as they arise.

Remember however that the primary infection is in the intestinal tract; that a catarrhal condition in the tract provides the best soil in which to secure a prolific propagation of the bacilli; that to lessen this catarrhal condition, and keep the

tract clean are matters of prime importance in cutting short the course of this disease.

Upon visiting a patient who presents a symptomatic picture of typhoid fever and the history of the case with the surrounding hygienic conditions points unmistakably to this being the disease, my first procedure is to order a high enema, and have it repeated every six hours until the intestinal tract is cleared from all fecal accumulations. The enema to be of two quarts of hot water to which one tablespoonful of table salt has been dissolved. Have the patient lie on the right side and introduce the water into the bowl slowly, until he can retain it no longer then let it pass off. When there is no solid matter in the bowl I disconnect the colon tube from the syringe tube and allow the water to pass off without the patient rising from the bed.

Deny the patient all food, and permit him to drink only sterile water or diluted fruit juices. If there is constipation prescribe any combination that embodies a laxative and liver stimulant; one particularly that causes an increased flow of bile.

Internally prescribe the following:

Rx.

Specific Echafolta.....	drams	5
Specific Baptisia.....	minims	10
Aqua dest. q. s.....	ounces	4

Mix. Sig. Take one teaspoonful every hour with plenty of water.

Rx.

Abbott's Intestinal Antiseptic tablets, one every two hours, Have the patient chew the tablet and wash down with plenty of water. Whenever the temperature reaches 102 degrees give a cool sponge bath, and a high enema of water from 60 to 80 degrees.

If the tongue becomes very dry and swollen give an occasional dose of five grains of Carbonate of Ammonia. For distension and tympany of the abdomen use frequently repeated applications of hot turpentine stupes.

Should hemorrhage of the bowels occur use ice packs to the abdomen and a hypodermic of Emetine or Lloyds Lycopus.

Follow this course of treatment persistently and your patient will be out of bed and on the road to recovery inside of two weeks, and sometimes at even an earlier date.

During convalescence be very careful as to diet. Buttermilk or milk in which have been dissolved the Bacillus Bulgaricus tablets, should be the base of the diet during the first two weeks. Egg albumen in water, rice or barley water, and very gradually come to a full diet.

PULSATILLA IN INEFFICIENT LABOR**Herbert T. Webster, M. D., Oakland, Cal.**

Like most Eclectic remedies pulsatilla has an ancient history. Before Hahnemann, even though his followers claim it as a Homeopathic remedy, it was made prominent through its specific influence on the eyes of Baron Storck. We will not, then, do ourselves proud by proclaiming ourselves its discoverer, or even by claiming any new use for it. This remains for our posterity, if new application should ever be found.

However, it might be profitable to look over our present application of it to disease, and ask ourselves if we are taking advantage of what the past has afforded us in improving all the valuable uses to which it may be put.

In a copy of the United States Dispensatory bearing date of 1888, I find the following testimony as to its therapeutic value—a fitting commentary on old school opinion of new school therapeutics. Of course it was written twenty-seven years ago, and there has been some awakening since, though not among the majority of teachers in old school colleges. But to quote: "We have no actual knowledge as to the action of this new official. It has been employed in Germany and other parts of Europe, especially by Homeopathic practitioners, by whom the drug is much used for the relief of amenorrhea and dysmenorrhea, and for other purposes. Given infinitesimal amounts, with due ceremony as to dilution, tumblers and spoon to credulous, hysterical women, it may sometimes be of service; but whether it has any application is very doubtful." No wonder that with such textbooks the allopathics branch is full of doubting Thomases.

The latest edition of the American Dispensatory contains a very lengthy description of the therapeutic uses of pulsatilla, but omits its important application as a partus accelerator. Few of our writers on the remedy refer to this. It seems to have been overlooked, and yet I believe this is one of its most important functions.

As a safe and reliable remedy when the pains are inefficient and distressing I have never found any other remedy so satisfactory as pulsatilla. Conditions are almost invariably changed for the better before the second dose is administered. At least, a few small doses, administered from fifteen minutes to half an hour apart, hastens the labor favorably within a reasonable time. I cannot indorse all that some Homeopathic authors claim for it in parturition, but perhaps I have not given it credit for all it is able to accomplish.

A little review of two leading authorities in that school

may not be amiss here, for we all have something still to learn, and even an old acquaintance may possess some new charm. I am glad to appropriate anything good, whether it emanates from Homeopathy or from an ancient grandmother.

Regarding the action of *pulsatilla* in labor, Kent, one of the comparatively late prominent authors, remarks: "Shivering in the first stage of labor. Hysterical manifestations through labor. Pains have all ceased or are irregular, so that they do no good. No dilatation has taken place. But when the pains come on we have some important symptoms. A pain comes on and it seems to be about to finish satisfactorily; it has been regular and prolonged until about two-thirds through, and all at once she screams out and grasps her hip—the pain has left the uterus and gone to the hip, causing a cramp in the hip, and she has to be rubbed and turned over. This medicine will regulate the pains, and when the next pain comes it will hold on to the very end. So impressionable is this woman during confinement that if she is subjected to any emotion—such as having an emotional story told in the room or if anything excitable occurs—the pain will stop. If she has passed through labor and the lochia has been established, from such a course the lochia will stop, as if she has taken cold, and she will have cramps and troublesome afterpains, the milk will be suppressed, she will feel sore and bruised all over, and have fever."

I have frequently been called to labor that has been in progress for eight or ten hours and made a preliminary examination, expecting from the report of the nurse to find labor well advanced, to be surprised in finding hardly any dilatation at all. Another surprise has followed when after administering *pulsatilla* dilatation has gone on rapidly, labor terminating find that I can learn something almost every day. That *pulsatilla* is capable of turning a child during labor seems like speedily and satisfactorily. In such cases *pulsatilla* undoubtedly favors relaxation of the os. It may not do this by acting as an antispasmodic, like *lobelia* or *gelsemium*, or *jaborandi*, but by correcting an improper distribution of the nervous impulse, which has acted to retard matters.

The excruciating, inefficient pains which sometimes usher in and continue through the first stage, seem to be speedily improved by the action of *pulsatilla*. Like *macrotys*, its action is invariably harmless, even if ineffective, so one does not go very much wrong, if disappointed in its remedial action.

Some of the Homeopathic claims for the remedy seem to be rather extravagant, but even here I do not care to pose as too severe a critic. What I know about therapeutics I know,

but I realize that there are many things I do not know, and endowing it with an intelligence. I believe in specific affinity in therapeutics, but not in intelligence, so far as the action of a remedy is concerned. However, there are Homeopaths who assert that such is the capability of this remedy. The following from Hughes illustrates, as well as affords some really useful hints as to the action of pulsatilla in other respects: "It presides in a most beneficial manner over the function of parturition. Given daily for a month or so previously, it greatly facilitates the process in women whose labors are tedious and difficult. In labor itself, when the pains are irregular, tardy, and defective, yet ergot is hardly called for, pulsatilla will often do good service; as also when from the same cause the placenta is unduly retained. There are several cases recorded which leave little doubt but that in false presentations pulsatilla favors spontaneous version. You may smile at this proposition, but spontaneous version is not so uncommon an occurrence, which shows that nature has means of effecting the change, and may well be helped thereto by an appropriate drug-stimulus. The evidence that pulsatilla does render such aid comes from several practitioners, both in France and in America. And if you suggest that the cures they report may have been instances of spontaneous version of which I have spoken, I will adduce the testimony of Dr. Mercy Jackson of Boston. In a communication made by this experienced lady to the American Institute of Homeopathy in 1875, she relates fifteen successive cases of false presentation, being all that had occurred in her practice from a certain time onwards. In every case she administered pulsatilla, and in every one the body underwent rotation and the head came to the fore. It is beyond all probability that these fifteen cases should have been a series of coincidences."

With all due respect for Dr. Hughes, and Dr. Mercy Jackson, now, I believe, deceased, we have it to remember that in her writings she asserts that she has felt a procidentia uteri rise into the pelvis so rapidly after taking sepia that its movement was plainly felt, as if raised by a power within the pelvis; and must accredit her with a remarkable imagination.

Still, after all is said and done, those who give pulsatilla a fair and impartial trial in parturition will hardly be disappointed in its favorable action, wherever it is possible for a parturient to accomplish therapeutic effect.

I add twenty or thirty drops of the specific medicine to four ounces of water and order a teaspoonful every fifteen minutes twice, then every half hour or hour, as circumstances demand.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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IMPROVE YOUR OPPORTUNITIES

It has been alleged that diagnostic ability is on the decline. While such a statement is largely a matter of opinion, still many facts can be advanced to substantiate it. In many diseases the old methods of analytical clinical study have been supplanted by laboratory methods. This is called "scientific progress," but sometimes it were more accurately written "latest style." It is far from our intention to decry the benefits of laboratory work. Rather, would we suggest its limitations. For example let the reader himself calculate the percentage of children's diseases that he diagnoses by laboratory methods alone and compare it with those in which he depends entirely upon clinical methods. Again to cure pulmonary tuberculosis it is necessary to make a diagnosis before the bacillus tuberculosis appears in the sputum, and in typhoid fever the battle is won or lost before the Widal test becomes active. Here, as in almost all other diseases, a correct estimate of the symptoms and physical signs are of first importance. Also no laboratory methods will show you that an asthma is due to a valvular heart lesion or that an indigestion is due to a chronic appendicitis. The ability to understand

what the six senses tell us is a necessary condition for a successful diagnostician. To acquire such skill requires neither complicated apparatus nor special courses, though these things help a lot. The one indispensable necessity is thoughtful practice. Fortunately most patients like to be examined and the opportunities to gain knowledge are ample. It is not necessary to confine your attention to organs obviously diseased. Study normal organs also, otherwise you have no mental picture of a normal condition with which to compare the distorted one. Here, as elsewhere, hard work is the price of success.

OBITUARY

It is with a good deal of sorrow that the writer records the obituary of the late Doctor Church, whom I learned to admire as a man and a physician of sterling worth, while he was my Professor in the Chair of Diagnosis in the California Medical College.

Professor Church was a man of rare ability coupled with fearlessness, exceedingly painstaking and exceedingly thorough in his work, which combined to make him a teacher, practitioner and operator of great merit.

In the departure of Doctor Church, Eclecticism has lost a stalworth supporter, the medical profession a bright and capable physician and surgeon and last but not least his widow has lost a good, loving husband.

We can all condone our loss with the thought that he was given to us so long and that he kept in the harness to the very end, dying while preparing for an operation.

I would like to say many nice, good things of our departed friend, but I revere his memory too well to mention them here. Knowing how abhorrent he was of anything that smacked of praise of men, I will mention one of his bad traits as I have reason never to forget it. Professor Church had a unique way of quizzing that made the whole class afraid of being caught unprepared. He would suddenly light on some one and quiz that one for thirty minutes, asking enough questions to cover the previous lecture. I happened to be that one the second lecture of my Junior year, and was totally unprepared for such a strong bombardment. He found my weak places both fore and aft, and raked them unmercifully. I thought then I'd never forgive him, but he got my Scotch blood to boiling and I was ready for him ever after. I wasn't the only one that fell before his merciless thirty-minute quick-fire of questions. Some who read this will remember their Waterloo, but it made

us all humble and now we can thank him for his unique method.

To know Professor Church was to admire him, and I refrain to further speak of his merits for the reason above given, and I only wish there may be another to take the place left vacant by his decease.

In behalf of the Alumni of the California Eclectic Medical College and members of the Los Angeles Eclectic Medical Society. Sincerely,

A. P. BAIRD.

A PLEA FOR PRACTICAL METHODS IN DIAGNOSIS

By J. W. Kennedy, M. D., F. A. C. S., Philadelphia, Pa.

In conversation with a fine lot of young men with whom I come in contact and who are eager to take up abdominal surgery, I rarely say anything to them about the surgery itself but impress them with the importance of becoming diagnosticians. The young man who graduates and immediately becomes an abdominal surgeon without an apprenticeship, has not a surgical soul and will never make a surgeon.

After an apprenticeship of several thousand abdominal operations under the late Joseph Price and having done a large number in my own work, I still find myself crying out for that master surgeon's counsel.

Later in my discussion I will bring out the need for such an apprenticeship when I discuss the reprehensible number of cases which come to us for secondary work and are surgical omissions and commissions.

This ultrally scientific age has brought forth much that is of extreme and vital interest to our profession, but are we not forgetting many of the most valuable lessons of our past masters?

As much as it may seem uncomplimentary to a progressing age, I question whether or not the young graduate of this day is as good a diagnostician, from the clinical standpoint, as was the equally young graduate of a quarter of a century ago. Neither medicine nor surgery is an exact science, and those ultrally scientific means of recognizing disease, as yet, have not compensated for the loss of interest and knowledge which may be derived from a careful study of clinical history, physical signs and symptoms. To bear out the importance of this point, I am forced to relate my experience of twelve years' apprenticeship under Doctor Price.

A Practical Diagnosis

Probably no man of large experience was more practical than he, and probably no one relied so exclusively upon diagnosis derived from a careful clinical and physical examination of his patient.

During this long service under him, I never knew the Doctor to make a gross error in the diagnosis of an abdominal lesion. He was always sufficiently right, in that he never made a second incision and always entered the abdominal cavity at the right point through an incision that was only sufficiently large to remove the underlying pathology.

During my entire experience with him I never saw him introduce his entire hand into the abdominal cavity. I mention this to show the importance of a study of clinical history and physical signs and to condemn that wholesale introduction of hand and arm into the abdominal cavity for diagnostic purpose.

The Older Writers

I advise a review of some of the older writers who wrote so intelligently and instructively on clinical history and physical signs. This neglect of life's history of disease comes from an eagerness to advocate that which is supposed to be most modern and scientific. This eagerness has made the enthusiast inconsistent and he is overlooking and forgetting the cardinal principles upon which diagnosis stands. Every time I have rejected a diagnosis which was acquired by a careful taking of the clinical history and confirmed by physical signs, and operated to satisfy the diagnosis determined by ultrally scientific and mechanical means of investigation, I have been in error.

Read the works of Trousseau and other contemporaries. The old style classical lecture was stimulating and enthused the minds of men to greater things, and I regret that many of our teachers are assigning lessons from text-books which they have written, or more probably compiled, and quiz the students over the assigned subject. This may be a convenient way to teach, but it lacks force and impression, and is a poor example to young minds in the habits of industry.

Non-Observing Internes

Work without thought is wasted. In going through a large hospital some months ago, I asked an interesting interne what was the matter with at least half dozen patients under his care? In each instance he did not know, although he had been on duty over ten days in the ward. What was wrong? He was either not thinking or had so many patients he was abashed and discouraged at the amount before him. This poor

fellow might just as well have been in the wilds of Africa, so far as that material was of any worth to him. Exactly the same thing is wrong in many of the big clinics of our country. Men are doing so much work that it is impossible for them to be in touch with the individual case.

This is first most forcibly shown by the great per cent. of errors in diagnosis, secondly by multiple and extravagant incisions in order to make a diagnosis and remove the unexpected pathological condition. This is a perfectly natural outcome of what one might expect from any surgeon who is doing, or thinks he is doing, too much operating to take time to wash his hands and examine the patient. The very low mortality of abdominal surgery has brought forth some of the most reprehensible and unscientific means of acquiring a knowledge in abdominal conditions.

The Exploratory Incision

Exploratory incision may have a place as a means of obtaining knowledge in abdominal conditions, but it is abused beyond human sympathy and is causing an atrophy of reliable means of investigation.

A sharp, clean knife when not wielded by a surgical conscience, has crippled many thousands of patients and caused a withering away of recognized and humane means of acquiring a knowledge of disease, just as definitely as the unused muscle withers from lack of use. This is a most important subject. I have seen the most reprehensible conduct along this line. You cannot learn a more valuable lesson than that imparted by the teachings of Doctor Murphy, when you realize that this busy man is in personal contact with the clinical history of each patient.

Contact With the Patient

No teacher can advance his ideas without being in contact with the particular case; all other operators are merely surgical carpenters and are known more from the great number of cases operated, than from any real progress they have given the profession. Experience is said to be a worthy teacher, but experience does not necessarily mean a great number of cases. I claim that refined and masterful surgical judgment comes from crystallized experience and not necessarily from quantity of material.

It is that relation between the mental picture the operator should have ere he enters the abdominal cavity and the revealed condition, which should be registered in the operator's brain and becomes crystallized experience and future judgment.

Wholesale Surgery

Show me an operator who talks much about number of cases, and you have indicated a man who has given the profession nothing. Although I believe in the specialty, it has been a great satisfaction to know that any series of specialists cannot make a diagnosis. This has been my experience and will be the experience of any man who will follow the work of those operators who are depending upon others to think for them. I say that it has been a satisfaction because I should dislike to feel that the great majority of our profession who are not in touch with the specialist, could not practice medicine intelligently.

The Country Doctor

Doctor Price told me he had crossed the Allegheny mountains one hundred and twenty times to operate for abdominal conditions which had been recognized by the country physicians with but a single error in diagnosis. Will many of our big clinics with the railroaded patients compare with this?

The Young Surgeon

You must have more interest shown in the young men. I always feel that the operator who is commanding a big clinic which is surrounded by a number of bright, eager young physicians who are not permitted under the instructions of the surgeon in command to do a large per cent. of charity work, that this operator is a parasite upon the profession and has out-lived his day of usefulness. The young surgeon is the future profession and is not getting his dues.

Surgical Adventurers

Many surgical adventurers are not satisfied with the ordinary exploratory incision into the abdominal cavity, but surgical audacity has been carried to further extravagance even more lacking in the habits of industry from the standpoint of careful history-taking and examination of the patient, namely, the special organs are now laid open for inside inspection. The womb, the mother of the world, is incised for diagnostic purposes.

This, the greatest surgical tragedy from the standpoint of diagnostic investigation, has no place in gynecology and, so far as I know, is not practiced by the gynecologist. It is an insult to the specialty and is an exhibition of diagnostic ignorance of the most dramatic type.

Hysterotomy

During my twelve years' association with as conspicuous a gynecologist as the world has ever known, I have never seen a case in which hysterotomy was indicated for diagnostic purpose. Hysterotomy has its place in surgery but never from

the standpoint of diagnosis. You certainly would not want to open the uterus if it were pregnant; you certainly would not want to cut into its fundus if it were malignant, where hysterotomy is indicated, the incision being made as far from the malignant zone as possible. No surgeon with gynecological judgment would open the uterus for a retention of blood, pus or water.

I have never seen a sloughing tumor within the cavity of the uterus in which hysterotomy was indicated. Again, the surgeon who opens the uterus to remove submucous or intermural fibroids, will find in nearly every case that after he has removed all tumors in sight, he has left a greater number of small growths. Myomectomy, even in the hands of the gynecologist, is of limited use and questionable grace. Certainly the general surgeon is not attempting to ask the gynecologist to reverse his curettage, open the fundus of the uterus ignoring a patulous cervix, while the infected contents of the uterus is removed through the abdomen.

The advocate of hysterotomy for diagnostic purpose must wash his hands and make a few more bimanual examinations. He will then find the necessity for this inhuman means of covering up his short-comings from gynecological standpoint will become extinct.

It is really occasionally necessary to examine a patient in these days of venturesome laparotomy.

Surgical Brain-storm

Hysterotomy for diagnostic purpose is the wildest of all the surgical brain-storms to date. All exploratory incisions should be therapeutic in termination. By this I mean that the surgeon should have sufficient evidence of some pathological condition ere he enters the abdominal cavity, and the exploration made to definitely reveal the lesion. The operator who feels that an abdominal incision has no potential element of harm, is not studying his or other's results. Over forty-five per cent of the surgery in the Joseph Price Hospital consists of re-operations, and I have never opened but one abdomen but that I could demonstrate adhesions to the scar of the previous laparotomy. We must have a conscience and view exploratory incisions as the cart before the horse, which is an exhibition of lack of scientific knowledge. When we as surgeons relax into indifferent habits and practice methods which are along the lines of least resistance, it is not only that particular case which will meet abuse but all other lesions will suffer from a like negligence.

Surgical Teaching

The busy operator must systematize and organize his work

so that he is in personal relations with each patient. This is absolutely necessary for any operator to continue a strong man as surgical teacher.

If the teacher is not well informed from the standpoint of diagnosis, his advice from the standpoint of surgery or surgical pathology will soon lead the profession astray; therefore, we condemn all of those clinics which are not under control of the operator from the standpoint of clinical history and a personal relation of each case. To say that any operator is doing too much surgery to be in personal relation with each patient, is to admit that some of that surgery would be better done in the hands of another operator. It is from the excessive amount of surgery which is being done by the over-worked surgeon who is not thinking, just operating, that some of our most fallacious teaching has come.

When an operator says that he has had so many thousand operations and such and such is his opinion, that cannot be taken as final; he may have started wrongly and has been wrong ever since.

Is it any indication that I should leave the stump of an appendix when I know all America is wrong, when a more thorough procedure can be done with no mortality?

Fashion and the Heretics

It is not always good surgery to be fashionable in surgery.

The heretics in our profession are responsible for our progress; if their ideas had been in fashion they would not have been heretics.

If it is necessary to incise the stomach for diagnostic purpose, I have not as yet seen such indication. If the ulcer was not in evidence from examination of the stomach walls, I question whether that patient had sufficient symptoms to be in the hands of the surgeon.

If I had no interest in my profession from the standpoint of diagnosis, the mere mechanics of surgery would be of little interest to me and I would spend the remaining days of my life with my beloved mother on the farm.

The principles on which much of our operative work has been established has come not only from our own surgery but has been confirmed by the enormous per cent. of from forty-five to ninety per cent. of re-operations. Any reasonable profession must know that this state of affairs must come from principles of surgery which have been founded on unsurgical grounds.—Medical Council.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 23, 24, 25, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Long Beach, May 9, 1916. H. T. Cox, M. D., Los Angeles, vice-president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. A. P. Baird, M. D., Los Angeles, Cal., president; H. Ford Scudder, M. D., 1621 W. Pico Street, Los Angeles, secretary.

THE LOS ANGELES ECLECTIC MEDICAL SOCIETY

The regular monthly meeting of the Los Angeles Eclectic Medical Society was held April 4, 1916, at the office of the Secretary, Dr. H. Ford Scudder, 1621 West Pico Street. The President, Dr. A. P. Baird, being delayed, Dr. O. C. Welbourn was unanimously elected President pro tem. The minutes of the previous meeting were read and approved as read. Dr. H. T. Cox, Chairman of the Board of Censors, read the report of the Board, which recommended for active membership Doctors Oran Newton, J. C. Reinsmidt, John M. Cleaver and E. S. McClelland. Moved by Dr. Smith and seconded by Dr. Scudder that they be elected. Carried. Moved by Dr. Smith and seconded by Dr. Welbourn that the application of Dr. T. C. Young be held over until the next meeting for action. The application of Dr. Frederick W. West was referred to the Board of Censors. The President, Dr. Baird, having arrived, he then appointed the following committee, consisting of Doctors O. C. Welbourn, H. T. Cox, H. C. Smith, H. V. Brown and H. Ford Scudder to confer with a similar committee from the Los Angeles Homeopathic Society with a view of encouraging more friendly relations.

A very able paper, "Cannabis Indica," was then read by Dr. H. T. Cox, and freely discussed by the members present.

Moved, seconded and carried to meet with the Southern California Eclectic Society in May.

Adjournment.

A. P. BAIRD, President.

H. FORD SCUDDER, Secretary.

IMPORTANT NOTICE

The Southern California Eclectic Medical Society will meet the second Tuesday in May (May 9, 1916), at Long Beach, Cal. Please try and plan to be present and be at Dr. Oran Newton's office, in Bixby-Hartwell Bldg., at 10 a. m., sharp, so that we may go to the meeting place together. This will be a joint meeting, the Los Angeles Eclectic Medical Society meeting in session with us. We have a good program provided by some of our best men. Plan to take a day off from your daily round of work and go to Long Beach, refresh your body and mind and have a good time.

H. T. COX, M. D., Vice-President.

H. C. SMITH, M. D., Secretary.

STATE SOCIETY

The regular annual meeting of the State Society will be held in San Francisco, May 23, 24 and 25. Arrangements have been completed whereby all the sessions will be held in Parlor "A" of the Palace Hotel. As we held the meeting last year jointly with the National and had no program of our own, we are looking forward to a splendid program this year. The replies received thus far give promise of many excellent papers. Let every member do his or her part now by preparing a paper and also arranging business so as to be present and take part in the discussions. It is needless to add that we are all aware of the hospitality of the San Francisco bunch, and that a good time is promised every one. Send titles of papers to the Secretary, who will forward them to the proper section officers. The complete program will be mailed each member as early as possible in May.

H. FORD SCUDDER, M. D., Secretary.

1621 West Pico Street, Los Angeles.

NEWS ITEMS

Dr. Harvey W. Crook has opened an office at 323-36 Frist National Bank Building, Long Beach.

Dr. Jacob E. Shearer has changed his address to Cloverdale, Oregon.

Dr. H. V. Riewel, Oceanside, was at The Westlake Hospital a number of times last month to visit his operative patients.

We desire to call your attention to the announcement in this issue of the State meeting in May in San Francisco and also to the announcement of the combined meeting of the Los Angeles County Medical Society and the Southern California Eclectic Medical Association.

BOOK REVIEW

Painless Childbirth: Eutocia and Nitrous Oxid.—Oxygen Analgesia by Dr. Charles Henry Davis, Associate in Obstetrics and Gynecology, Rush Medical College, in affiliation with the University of Chicago, Assistant attending Obstetrician and Gynecologist to the Presbyterian Hospital. 134 pages. Bound in cloth. Price, \$1.00. Forbes & Co., 443 South Dearborn Street, Chicago.

This book by Dr. Davis of Rush Medical College is the first by an obstetrician to thoroughly discuss the various methods employed in an attempt to secure painless childbirth. The first part of the book traces the development of the attempts to relieve the suffering of labor. In the second part of this volume Eutocia is given as the goal for which the physician is strong. The author believes that in the cry for painless childbirth that the desire of mothers is for Eutocia—not Amnesia. The author pleads for safer and better obstetrics. In the third part Dr. Davis offers for consideration the methods of Nitrous Oxid—Oxygen Analgesia. He believes that Nitrous Oxid-Oxygen Analgesia is a logical method of relieving the suffering during childbirth and is a great aid in securing Eutocia.

Your Baby.—A guide for young mothers. By Dr. E. B. Lowry, author of "Herself," "The Home Nurse," etc. Chicago, Forbes & Company, 1915. Price, \$1.00.

This is a book which every young mother and prospective mother in the land should read; for it makes motherhood easy and will remove the fears and troubles of many women. Everything which a mother wants to know, and must know regarding the care of herself and her baby is clearly told in this helpful book. It shows how to avoid mistakes, what to do and what not to do.

Dr. Lowry not only pleads for better babies but plainly tells how to prepare for them; everything that is essential to the happiness and health of the mother and child is told. Nearly half the book is devoted to the mother's care of herself before the baby comes and this part alone is invaluable to any expectant mother. A very timely chapter considers the various methods offered for painless childbirth and much light is thrown on some fallacies and uncertain methods.

Medical Practice.—A treatise based on the principles and therapeutic applications of the physical modes and methods of treatment by Otto Juettner, A.M., Ph. D., M.D. 519 pages. Bound in cloth. Price, \$5.00. New York, A. L. Chatterton Co.

Dr. Juettner's previous publications have been well received and there is no doubt but this work will meet with an enthusiastic reception. This work is in the form of a **text-book of practice**, the treatment by means of **physicial methods**.

Hydro-therapy which was lauded and employed by Ambrose Pare is not today receiving the recognition which it deserves, considering that of all therapeutic methods, old and new, hydro-therapy comes first, because it is the most scientific and the most effective of any. Electro-therapy is comparatively new and deserves study and intelligent application. Physical therapy can be added to general practice or can be practiced as a specialty. Depending on the resourcefulness of the individual physician, a primitive and inexpensive outfit is fully as practical as a modern equipment representing a large investment and every finesse of technical perfection. The man behind the equipment, poor or pretentious as it may be, is after all the factor that will make or break the issue involved. Dr. Juettner's book makes it possible for the man behind the equipment to be efficient, and for this reason we take pleasure in recommending it to the profession.

There are chapters covering the use of the various Electrical currents, hydro-therapy, massage, use of light, Roentgen Rays, vibration, etc., or in other words the whole field of physical therapy is completely covered in Dr. Juettner's well-known readable style. The typographical work is unusually well done.

FOR THE PROTECTION OF THE PATIENT

In this day of sophistication and substitution the earnest physician cannot be too careful in following up his prescriptions to see that his patients are given exactly what he wants them to have—and nothing else. Especially is this so in regard to remedies of exceptional quality, such as Gray's Glycerine Tonic Comp. Numerous imitations of this reliable tonic are constantly being foisted on the unsuspecting, and when as a consequence of the patient failing to get the original "Gray's," the expected results do not materialize, the doctor's skill and ability are apt to be questioned. For the protection of this patient and in justice to himself, the physician should invariably write for "Gray's" as follows:

R. Gray's Glycerine Comp.

(Purdue Frederick Co.) One bottle—16 oz.

By thus specifying an original package, the painstaking physician will safeguard his patients and insure his results.

WHEN THE PHYSIOLOGIC PROCESSES OF THE BOWEL NEED STIMULATION

In this day of extremes, the practitioner must not let the success obtained in certain cases of bowel stagnation, by the use of "intestinal lubrication" blind him to the fact that paraffin oil is essentially restricted in its indications. To employ it indiscriminately in all cases of constipation means complete failure to get results in many instances—and the consequent discrediting of a remedy of undoubted value when properly used.

As a matter of fact, in a large proportion of cases of constipation there is atonicity of the muscular coat of the intestines, together with marked decrease of glandular activity. Measures to impart tone to the bowel musculature and increase the glandular secretions are therefore imperative and no remedy has been found more effective for these two main purposes than Prunoids. This has proven itself a true corrective of constipation of functional origin, its effect on the physiologic processes of the bowels not only assuring a prompt restoration of intestinal activity, but with gratifying freedom from all griping or reactionary constipation. The most casual test will show Prunoids to be a true physiologic laxative that can be used with every confidence in the permanency of its benefits.

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*"The Moving Finger
Writes"—*

The examining finger hurts!
So does any instrument
of penetration.

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(Reg. U.S.
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makes the passage of sound, speculum, catheter, 'scope, etc., easy and minimizes pain or discomfort.

K-Y Lubricating Jelly

Is greaseless and water-soluble.
Does not stain or irritate.
Economical, convenient.
Also for pruritus, the surgeon's hands, burns, skin irritation, bed sores, etc.

At all druggists. Booklet on request.

*"When the doctor comes
the pain goes."*

For the doctor's use,—

K-Y ANALGESIC

which is Prompt to act.
Prolonged in effect.
Safe to use.

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Improves nutrition.
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FOR INTERESTING AND VALUABLE INFORMATION
ON TONIC MEDICATION, ADDRESS

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1885

1915

Concerning Echinacea.

WHAT IS ECHINACEA? A plant, native to western North America.

WHAT IS THE THERAPEUTIC STANDING OF ECHINACEA? In the opinion of renowned laboratory experts who standardize remedies according to physiological processes, **Echinacea has no value.** (See Lloyd Brothers' Winter Bulletin, 1915, page 13.) In the opinion of physicians who use remedial agents clinically, and who employ it in disease treatment, **Echinacea is of exceeding value.** (See Lloyd Brothers' Winter Bulletin, pp. 11 and 12).

WHAT PHYSIOLOGICAL OR POISONOUS QUALITIES HAS ECHINACEA? It has never been known to kill a creature on the operating table, be it reptile, amphibian or other animal. It seems inactive, physiologically. No chemist has reported that he has obtained from it a toxic agent, or any substance destructive to health. Thirty-eight years' continuous use of Echinacea by physicians in active practice, without a single report of injury or death, proves that **it has no unkind action.**

WHO INTRODUCED ECHINACEA? It was first used by the American Indians, next by the early white settlers, then it became a constituent of a home remedy in Nebraska. At last it came to the attention of Dr. John King, who after special investigation, introduced it under its true name to the medical and pharmaceutical professions.

WHO WAS DR. JOHN KING? A physician of unusual talent and education, a believer in conservative medication, an author of international reputation, an American citizen who opposed wrong, however high the authority, and who supported the right, regardless of self-interest. A believer was he in kindness to the sick, a disbeliever in cruelty, to either sick or well, brute or human. The best versed physician of his day in the clinical uses of American drugs, Dr. John King was acknowledged to be. His greatest pride was to serve in the development of American vegetable remedies. His sincerest hope was to see America professionally independent of the rest of the world.

TRIBUTE OF DR. CHARLES RICE. This is what Dr. Charles Rice, Chairman for thirty years of the Committee on Revision of the Pharmacopeia of the United States, said of Dr. John King and his great work, the **American Dispensatory:**

"It constitutes a precious encyclopedia of medical American plants, and their therapeutical uses. It is a very useful work for reference. Its author is as fine a botanist as a judicial observer of therapeutical effects." *Translation from the French of Dr. Charles Rice's "Note sur Certains Medicaments Vegetaux Americains".*

WHEN DR. KING SPOKE. The voice of Dr. King in behalf of a remedy, was no idle word. In the maturity of his experience he used Echinacea in his own family, then in his practice, and when he had thoroughly tested the remedy, he gave to the profession his opinion of the drug.

A PREDICTION. Twenty years ago, it was said of Echinacea, **"Await the voice of time. If Echinacea stands the test of experience, it will live. If it is inadequate, it will die."** Has "Time" spoken?

THE REPLY. The most popular American drug today, (1915), as shown by the orders we have received from pharmacists for true pharmaceutical preparations of any American drug, (not compounds or mixtures named after the drug), for the exclusive use of physicians, is Echinacea.

ECHINACEA TODAY. Our Winter Bulletin, 1915, pages 11 to 13, presents reports from pharmacologists, conflicting with those from practicing physicians, concerning the therapeutic use of Echinacea. That the laboratory standardizers are correct (see page 13), in that Echinacea is not toxic and will not kill any creature, will be generally conceded. That practicing physicians are not capable of judging of the value of the remedies they use in their practice will be universally resisted.

WHAT OF THE FUTURE? Physiological investigators will probably never be able to produce death by the use of any ordinary Echinacea dose. Chemists will probably continue to find Echinacea elusive, so far as the discovery or elaboration of any toxic constituent is concerned. And American physicians who use Echinacea will probably continue to employ and commend it, as they have in the past.

LLOYD BROTHERS, CINCINNATI, OHIO.

October, 1915.

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With Morphine, per 100 \$1.50

Without Morphine, per 100 \$1.25.

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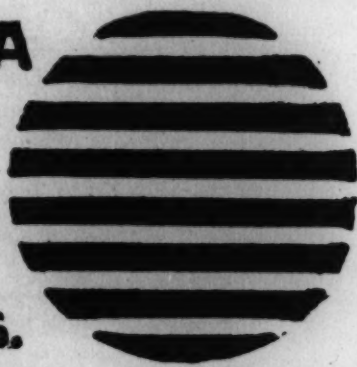


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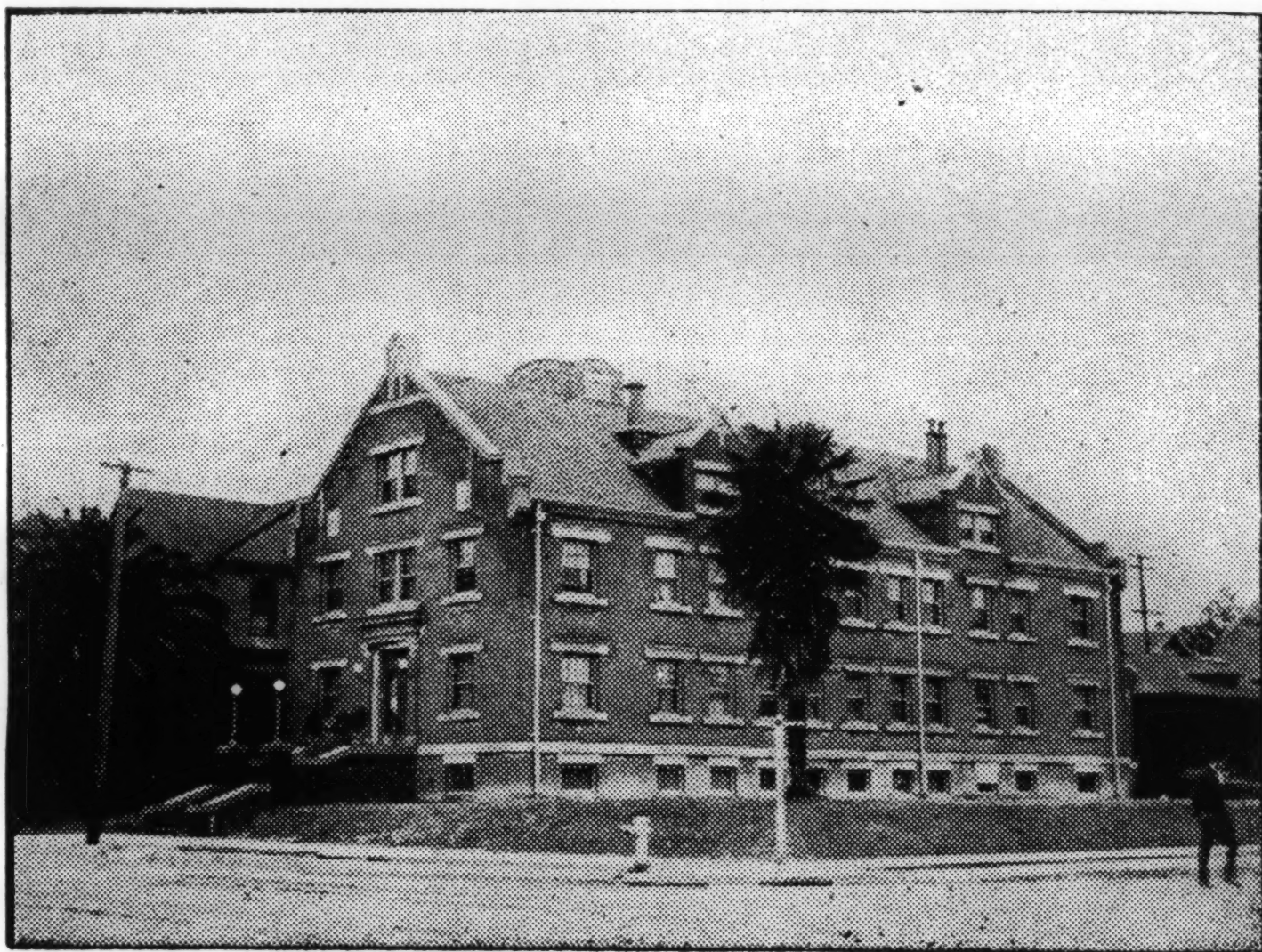
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Retake of Prec

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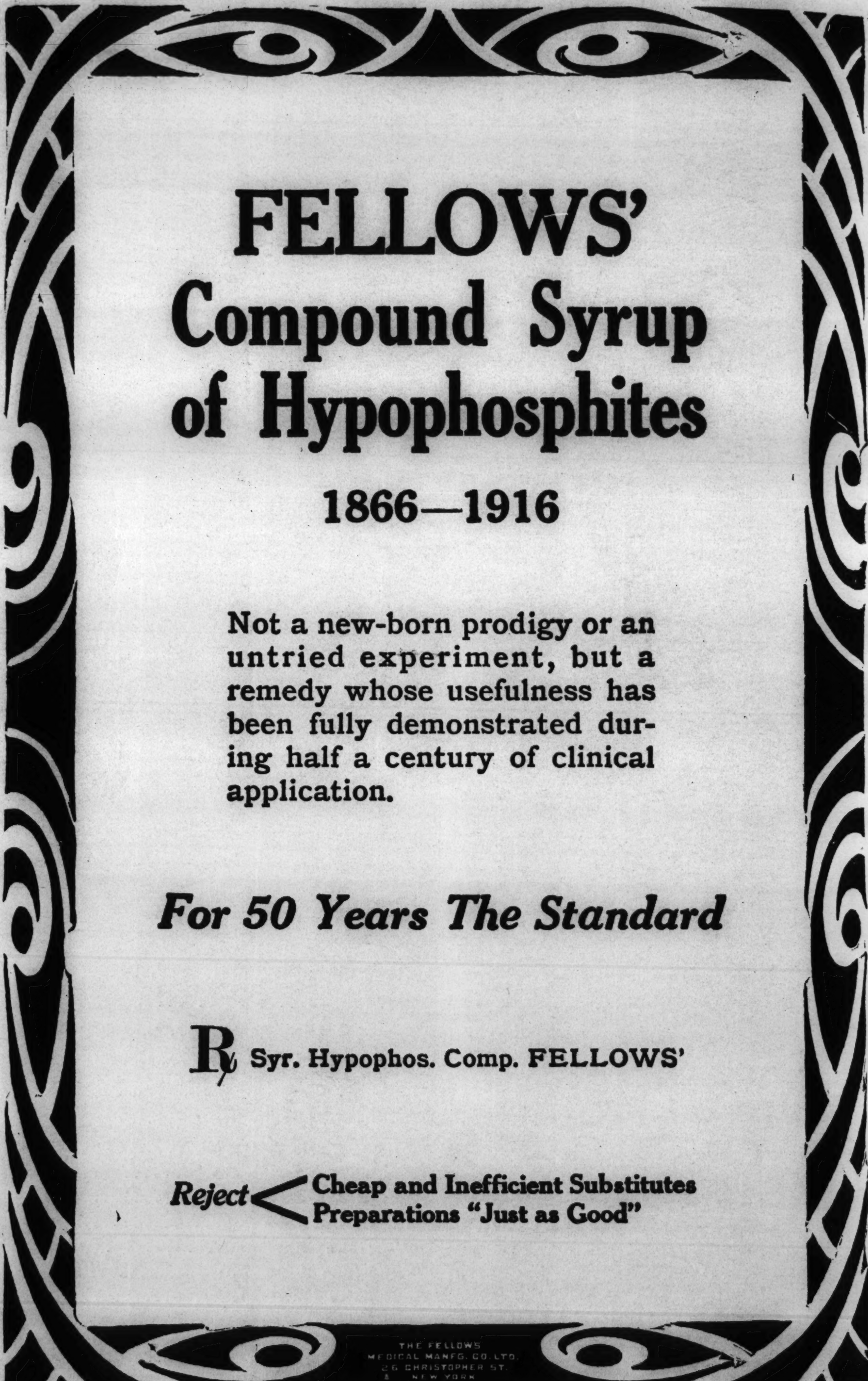
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